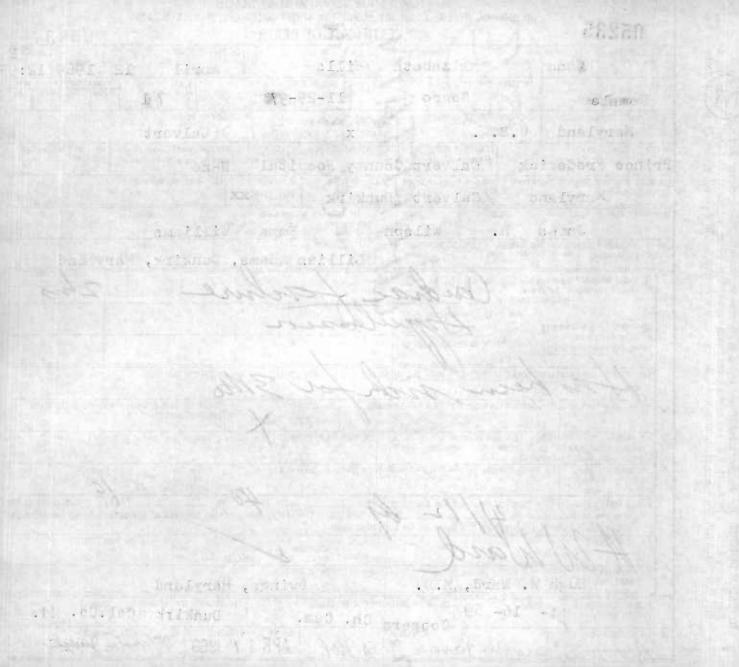


			MARYL	AND STATE D	EPARTMENT OF I	HEALTH		
100		05234	DIVISION OF VITAL RECOR			IMORE, MARYLAND 21201	0 = 0	
		00003		CERTIFICA	TE OF DEATH		05225	
		CEASED-NAME First		0	Last	2a. DATE OF DEATH Month D	oy Yeor 2b. HOL	UR
A.		Dessie		CRAN		April 17	1969 67	5 M
	3. SE		4. RACE	S	. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS HOURS	HRS.
	7. D	Female	White	l a	7-20-8	9 79 YRS		
	coun	IRTHPLACE (Stote or foreign ary) MARY/And	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED DIVORCED	9. COUNTY OF DEATH CAlvert		Md.
2	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF	INSTITUTION (If not	in hospital 120 USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OF	
9		a Frederick		West Con	nty Hosp during m	ast af warking life, even if retired.) OUSEWIFE	Domes tic	
14	13o. admi:	USUAL RESIDENCE (Where deceases ision) STATE mayers and	sed lived, if institution: Residence before 13b. COUNTY CALU CRE	ore 13c. CITY OR TO	OWN 13d. INSIDE CITY L			5
1		ATHER'S NAME First	Middle La:	t 15.	MOTHER'S MAIDEN NAME F	irst Middle	Last	
		Charles	Stevens		MARGARet	Ch. lds		
		WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give v			ormant /	G. Lomax Hunti	ngtown, Md.	
		ID CAUSE OF DEATH / Services					APPROXIMATE INTERVAL	_
		PART 1. DEATH WAS CAUSE		(c).) A			BETWEEN ONSET AND DEATH	H
		4369 IMMEDIA	DUE TO, OR AS A CONSEQUENCE	Or				_
83		Conditions, if any which gove)	OF				
		rise to immediate cause (o), stoting the underlying couse	(D)	OF				_
		last.	(c)					
		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO 1	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)		
	NO	- Hornes						
1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING	
X	ERTE	21o. ACCIDENT WAS UNDERLYIN	NC TOTAL THAT OF INTERNA	Los How	YES NO		6 101	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Y		V INJUKT OCCURRED (Ente	r nature of injury in Port 1 or Part 2	, irem (8.)	
	MEDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.		T, EACTORY, \ 21f LOCA	ATION Street or R.F.D. No	. City or Town	County State	ie.
		While Not while at work	OEFICE BUILDING, ETC.	7 211. 200	. /	. Gif of lowe	coomy	
			nis hospital), attended the dece	eosed from	+ /10,191	68, ta 4/17 , 1	962, that (I) (we)	last
		sow the deceased a	alive on 4/1/	1967 and	that in (my) (our) oni	inion death occurred on the c	late ond hour and from	the
		couses stated above	e, (I) (we) (did) (did nat) view t	ne body/after de	earn.	/	. DATE SIGNED	
		ZZU. SIGNATURE	1100 111	DEGREE	ATTENDING PHYS.		pr. 17,1969	
		22d. PHYSICIAN'S	Jewo	230116	22e. ADDRESS			
/		NAME (Type) G.	J. Weems		Huntingt	own, Maryland	20639	
	230.			OF CEMETERY OR CI		23d. LOCATION (City or Town)	(County) (State)	
	0.4	REMOVAL (Specify) Burial Apr	20,1969 Hunti	ngtown C	Chr. Cemete	Ty Huntingtown	Calvert Md.	
2	9	FUNERAL DIRECTOR	real Home		DATE PR	2 PEGISTRAR 256. REGISTRAR	nes Judge	
1771	11	ALLI MAMA IUM	record / VV / / Comme	The state of the s	AUL DAIL		11 1/	

Red S GHP						8880
	Trange.	V+ 0 -		Steers	3,6278	
	1.7			34 No.		
	Laster					
			31.			
		men.	Hinde			
	EL HA	PERMINE		20000		
ol dissipate	. I desco from	officers.	1041	-27-0V6 1 V		
HI. 77 . 7 - 6				100		
esaos a		otion (rout)				
	936) 136)	internal in the		Length calery,		

		STATE DEPARTMENT OF F		
05235	DIVISION OF VITAL RECORDS, 30	RTIFICATE OF DEATH	IMORE, MARTLAND 21201	05237
1. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
(Type or print) A.nna	Elizabeth	Wills	April 12	1969 12:9
3. SEX	4. RACE Negro	S. DATE OF BIRTH 11-29-97	6. AGE (In years last birth: 1 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
country) Maryland		VIDOWED DIVORCED	Calvert	M
10. CITY OR TOWN OF DEATH Prince Freder:	11. NAME OF HOSPITAL OR INSTITU	unty Hospital 120. USUA	L OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where deceo- odmission) STATE Marylar	ed lived, if institution: Residence before 130	r. CITY OR TOWN 13d. INSIDE CITY LI		
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost
James		Emma	Williams	
160. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give v	MED FORCES? var or dates of service) 16b. SOCIAL SECURITY NO.	17. INFORMANT Lillian mAdam	Address As, Dunkirk, Ma	ryland
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO. 190. DATE OF OPERATION 19b.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITION S CONTRIBUTING TO DEATH BUT NOT R CONDITION FOR WHICH OPERATION WAS PERFORM	RMED 20g. AUTOPSY? YES NOW	20b. IF YES, WERE FINDINGS CO	
210. ACCIDENT WAS UNDERLY!	HOUR A.M. Month Doy Yeor		noture of injury in Port 1 or Port 2, I	tem 1B.)
While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	2) 21f. LOCATION Street or R.F.D. No.	Up.	County State
22a. I certify that (I) (the	W. Ward, M.D.	degree Attending Degree Phys. 22e. ADDRESS Owings	RED. STAFF □	te and haur and fram th
	DATE 16- 69 23c. NAME OF CEM	etery or crematory Ch. Cem.		1.Co. Md.
24. FUNERAL DIRECTOR	quell. Prince T	and ind APR	Y REGISTRAR 2Sb REGISTRAR'S	SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05226 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN STI-Year 2b. HOUR (Type or Print) and 3 ta EDITH DEATH MATED 4 FRANK 2 . a M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOLINCED DEAD 2d. HOUR PM3. Year June 22, 1897 White Female. the State Depart 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH alang with farm Item 18. Give Pages 1, USA Russia WIDOWED [DIVORCED [Calvert. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY in bed N. Beach N. Beach. Md. Housewife Home with 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death admission) STATE 13b. COUNTY Hvattsville YES NO 5511 Farragut st Pro Geo Office Forma 2 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Jacob Gaist Bessie Farber = hours the certificate, writing the ward "pending" in pencil ir 4 should be farwarded ta the Chief Medical Examiner' pencil bage 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) (If yes give war or dates of service) 578 30 5521 Jav Frank Myattsville, Md event within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D gp removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe YES TO NO 210. EXTERNAL CAUSE WAS D 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy XX, Inspection . Inquiry and in my apinian death resulted fram: / Natural causes XXX Accident . Suicide ... Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4/10/69 Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county) Edward F. Wilson, M.D. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) April 11, 1969 Ft Lincoln Crematory Colmar Manor Pro Geo Md. Cremation 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. Minutes Judge VR A15ME (5) 10M REV. 1/68

					18830
:0 5 0		ORE OF T			
	77%		0.1		9
	- Maxin				21.2761
		Ladigaell -			
	x	mediation	ret terms		
	0.222		Dan Livery		
EVE IN CHES		9 9 10			
	11 80			A	
?-/_J	x	on a trongs			
and the state of	Er dirick, Mir	enring .	to Attaches	of to it may	
A LANGE		.M60.ml	Tlue Pt.	MACIE P	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTIdelay is and 3 ta Page John entiaf 26 169 Grav DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. HOUR and Departme Year 11-22-91 Male Negro YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Item 18. Give Pages 1, Office alang with farm WIDOWED [DIVORCED [Maryland
10. CITY OR TOWN OF DEATH U.S Calvert 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done after death 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Farm Helper calvert Prince Frederick Co. Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 135 CITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Calvert Mary and YES NO 😿 24 hours ond in Middle 14. FATHER'S NAME First 15 MOTHER'S MAIDEN NAME First George Gray Frances Story pencil in Chief Medical Examiner's hours within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) 219-56-0221 Prince Frederick, Md. Julia Gray File .= event within be executed CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE (AUSE (6) Coronary Heart Disease DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Diabetes rise to immediate couse (a), shauld writing the ward DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse farwarded to the and in PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) certificate CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES NO pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING crematian, PM CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection x, Inquiry ond in my opinion death resulted fram: Natural causes Accident . Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER 198 ou 3. 60-ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-26-69 DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) Issam F. El Damalouji. M.D. 23o. BURYAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURY VR A15ME (5) 10M REV. 1/68

20236 Tribute of the Telling of Tribute of Tribute of Telling . D. J. S. Caralla and C. Caralla an

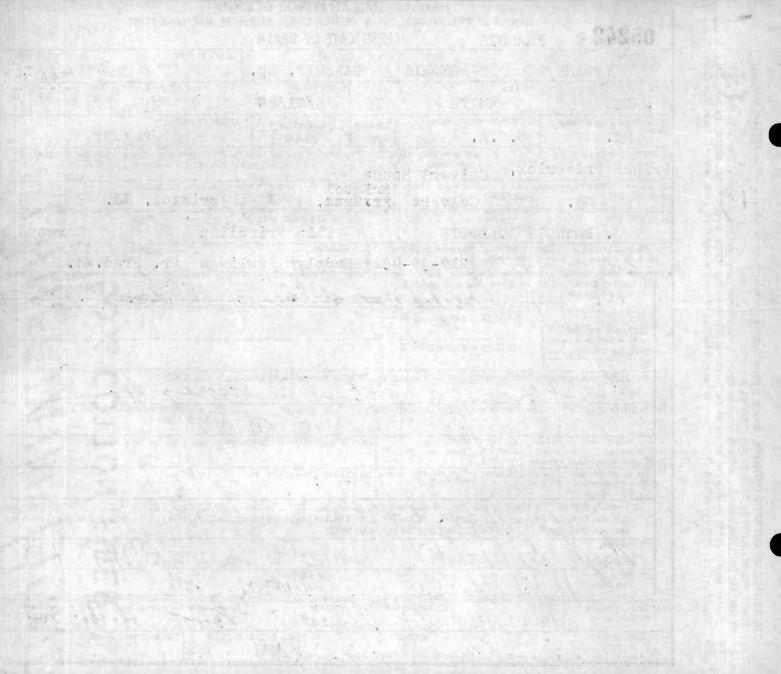
1	05239 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05229
HEALTH DEPT.	1. DECEASED-NAME First Middle Joseph Day Year 2b. HOUR
is of ge to	(Type or Print) Dey hauhlin Lryfill DEATH MATED 7 / 149845
deloy i	3. SEX 4. RACE S. BATE/OF BIRTH 6. AGE (In years 1 NOER YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR
92	M 1/4/10 Signal And Hours MIN. Manthy Day Year \$ 845
2, 2,	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
e D	(auntry) Md 71.5. A WIDOWED DIVORCED Balacet 0 Mg
Pages vith for the State	10. NOTION OF DEATH 11. NOTIE OF SUSPITAL OR INSTITUTION (If got in hospital 12a. USUS OCCUPATION (Kara of work dane 13b KIND OF BUSINESS OR)
s certificate should be executed within 24 hours after death any e, writing the word "pending" in pencit in Rem 18. Give Pages 1, 2, forwarded to the Chief Medical Examiners, Office along with form used as a burial-transit permit. File pages Tond 2 with the State Depoiemoval, and in any event within 72 hours ofter death	Ama pederul give stillest to to during to be level retired.) Moustry hade
s after da 18. Give e olong w 2 with the	130. USUAL RESIDENCE Where decembed lived, if institution: Residence before 73c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
2 € ol 3 de col	admission) STATE MS 136. COUNTY a a fair flaver YES \(\sigma NO \(\sigma \)
24 hours in Item 1 is Office ss Tond 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24 hour in Item in Ite	Polnsomin + Franklin Bertha V. Thepps
hin 24 noi in poges hours	160. WAS DECEASED EVER INVOS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS // ADDRESS
within pencir xamine ile poge 72 hou	(Yes, no or upknown) ((If yes give war or dates of service) 216-18-5-191 Mrs Calsaa Great Great Dienkeik
in 7. Fil	18. CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nief Medicol E unsit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure BETWEEN ONSET AND DEATH
Me Me In be	7824— DUE TO, OR AS A CONSEQUENCE OF
"pe "pe iief insii	Canditions, if any, which gave
ord ord l-tr	nse to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
certificate should be executed wir writing the word "pending" in pe prwarded to the Chief Medicol Exag used as a burial-transit permit. File novol, ond in ony event within 72	last.
the the d to d to a b	PART OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATY BUT NOT RELATED TO THE JERMINAL DUJASE OF CONDITION OVEN IN PART 1(a)
This certificate ficate, writing the be forwarded to do be used as a bor removol, and	2 Had been sick & Hat (T
this certificate, writing forwards be used or removol	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21b. TIME OF INJURY Month, Day, Year 21c. How INJURY OCCURRED (Fnter nature of injury in Part 1 or Part 2 Item 18)
This ciate, be follower rem	WAS PERFORMED?
INER: Te certifice should be files. 3 should intion, or	CAUSE OF DEATH P.M. 19
	211. CONTON STORY OF THE STORY
XAN te t you you	WHILE NOT WHILE factory, affice building, etc.)
no DEPUTY DICAL EXAMINER: necessory, please execute the certithe funeral director. Page 4 should 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should prior to burial, cremotion,	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
to ed to CTG	death resulted from: Natural cooses Accident , Suicide , Homicide , Undetermined manner
please direct retoine DIRECT	CHIEF MEDICAL EXAMINER
rry, ple eral di be rett RAL DI prior	SIGNATURE TO WORLD M.D. ASSISTANT MEDICAL EXAMINER 226-DATE SIGNED
ory ner be ERA	EXAMINER'S / 14/ 14/ 14/ 14/ 14/ 14/ 14/ 14/ 14/ 1
o DEPUTY DIC. necessory, please the funeral director 5 may be retained o FUNERAL DIRECT Health prior to bu	NAME (Type) A, WARD (Wings) MODRESS(Street, city, tawn, ar county)
Fe # 6	230. BURIAL (REMATION) 23b DATE 23c. NAME OF CEMETERY OR REMATORY 23d OCATION (City or Town) (Cooply) (State)
	Printed april 4, 1969 mit Zion Ch. Com Lathian 1. 1. mid
	24. EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAP'S SIGNATURE
VR A15ME (5)	Hulchin Tuneral Home Cwings mod DATE APR 7 1969 foliarles grands

1000 AS LONG TO THE PROPERTY OF THE PROPERTY OF THE PARTY Had Lan sect. DO fat COH COST 184

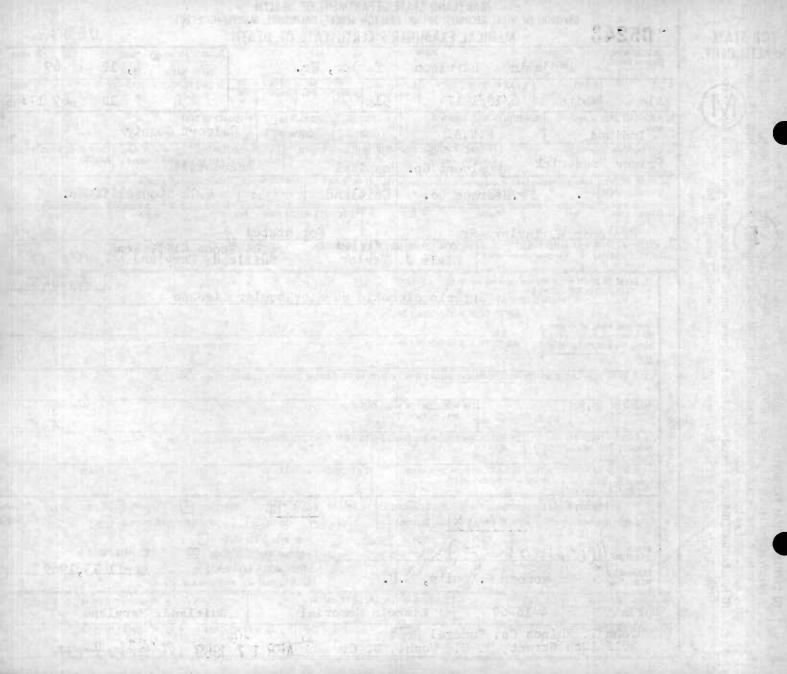
	1					DEPARIMENT OF				
		05240	DIVISION			RESTON STREET, BA		ARYLAND 21201	05230	1
					CEKHILI	CATE OF DEATH				
death.		ECEASED-NAME Fit Type or print)		Middle		Last	2a. DATE	OF DEATH Month D	ay_ Yegr	2b. HOUR
		J 8	ames	Aubrey		Hill		4 6	7 69	12:250
PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after e hospital or attending physician. In the certificate has been signed by the attending physician and completely filled in by the first certificate has been signed by the attending physician and completely filled in by the first characteristicate has os the buriol-transit permit. Then please remove corbon papers. Pages I Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours attended.	3. S		4. RACE			S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN
3		male		white		3-19-96		73 YR		HOOKS MIN
non	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY C	OF DEATH		308
7.7	1	Maryland		5.A.	WIDOWED	DIVORCED [Calvert		Md.
59		CITY OR TOWN OF DEATH	1	1. NAME OF HOSPITAL OR II	STITUTION (If I	not in hospital 120. U	SUAL OCCUPATION	N (Kind of work done		SUSINESS OR
	P	rince Freder	rick	Calvert C	ounty	Hosp.	most ot worky	o life, even if retired	S. INDUSTRY	Ist Lake
04	13o.	USUAL RESIDENCE (Where dece	ased lived if ins	titution: Residence before	13c. CITY OF	R TOWN 13d. INSIDE CIT		STREET AND NUMBER		100
34		ission) STATE Iaryland	Cal	vert	Solo	mons YES	NO X			
1	14.	FATHER'S NAME First	Midd			S. MOTHER'S MAIDEN NAME	First	Middle		Lost
1		J	Isaa	c Hill		M	larv		Bor	nd
	160	. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY		INFORMANT		Address		
		res, na or unknawn) (If yes gr	And at adies of service	" 218-03-	7085	Myrtle C.	Hill	Solom	ions. Mo	
		18. CAUSE OF DEATH (Enter	only one couse p	er line for (a), (b), and (c).)			•		ATE INTERVAL ISET AND DEATH
		PART 1. DEATH WAS CAU	SED BY: DIATE CAUSE (a)	1 11	mai	1 oralu	caseo-	~ -	Between on	ALL ARD VEATR
		4109	, ,	OR AS A CONSEQUENCE OF	11.	1 0		THE STATE OF	-0	
		Canditions, if any, which gav	e)		une	maa			300	2/
		rise to immediate cause (a stoting the underlying caus		OR AS A CONSEQUENCE OF			h			-
		last.	(c)	Oln	erale	3d an	line	Clerk		
		PART 2. OTHER SIGNIFICANT (ONDITIONS CONT	RIBUTING TO DEATH BUT I	NOT RELATED T	O THE TERMINAL DISEASE O	R CONDITION GIV	/EN IN PART 1(a)		
	z									
,	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?		IF YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
	Ĕ					YES NO	CAUS	ES OF DEATH?		
		210. ACCIDENT WAS UNDERLY		NE OF INJURY		OW INJURY OCCURRED (En	nter nature of in	jury in Part 1 ar Part 2	, Item 18.)	
	MEDICAL	☐ DR CONTRIBUTING ☐ CAUSE OF D (If either, notify medical exa		A.M. Month Day Year	9					
	ME	21d. INJURY OCCURRED 2	le. PLACE OF INJU	IRY (AT HOME, FARM, STREET, E) OFFICE BUILDING, ETC.	ACTORY,) 21f. LO	OCATION Street or R.F.D.	No. Cit	ty ar Tawn	County	State
		While Not while at work	an 13 4.			Mad	4			
		220. I certify that (I) (saw the deceosed	this hospital)	ottended the deceas	ed from	JOC. 14 , 19	6.9 , ta_	April 271	9 69 , that	(I) (we) lost
	1	saw the deceosed	olive of Ap	ril 27	1969, an	diffhat in (my) (our) o	pinian deoth	accurred an the c	late ond hour o	nd fram the
	1	22b. STENATURE	ve, (I) (we) (d	lid) (did not) view the	body offer	deofn.				
		220. STONATUKE	111	7/1	DEG	ATTENDING PHYS	MED. DIRECTOR	CIAFE -	1. DATE SIGNED	
		22d. PHYSICIAN'S	wil	Jan L	- DELSI	111101	DIRECTOR	PHYS.	4-20-09	
1		NAME (Type) Robe	rto de	Villarre	of M	22e. ADDRESS	ennand	l. Maryla	nd	
1	22.		D. DATE							(64-4-)
)	230.	8URIAL, CREMATION 231 REMOVAL (Specify)	OL Da	1910 23C. NAME OF	CEMETERY OR	CKEMATOR 1	230. 1013	TION (City or Town)	& (County)	(Stote)
1	24.	FUNERAL DIRECTOR	1 400	ADDRESS	our,	Salk Heier Com.	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE /	mai
	1	Ta. Xhil	mana st	Ta, 121	Keny	Che MAPR	30 19	69 Fillian	read freeze	See .
	-	10 - Course	aussi.	can logg	" (report	JA GUNIE		"	U	

2 1 1	It	em 22a Film 412 ams MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		05241 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05231
HEALTH DEPT.	1. D	ECEASED-NAME , Firs (MONTH Lost 20. DATE KNOWN Month 1	Day Year 2b. HOUR
s of ag o		Villam C, Will Reick DEATH MATED 4	0 18 520 A
y delay and 3 PM3 Pa	3. S	4. RACE S. DATE OF BIRTH 6/3/986. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD WONTHS DAYS HOURS MIN. Manth 1 Day 10	Year 189 5-26 AM
2 2 9	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TEVER MARRIED 9. COUNTY OF DEATH	15 to - 17 to
ages ages ith for		Penn. USA WIDOWED DIVOKCED CONTENT	2b. KIND OF BUSINESS OR
after death 3. Give Pages along with for with the State	1	nuce federal give street address lawer 6 during most of working life, even if refired. When the control of the	NDUSTRY
The King of		USUAL RESIDENCE (Where deceased lived, if institution: Residence there IR GIY OR TOWN 134/1/10E (ITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY	
hours Item 18 Office Vand 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	14	Franklin S Reick Elizabeth	Derby
I within 24 no pencil in Examiner's File pages		WAS DECEASED EVER IN U.S. ARMED FORCES? (lift yes give war or dates of service) VOS 16b. SOCIAL SECURITY NO. 17. INFORMANT LOADESS Marl 201-03-9912 Mrs. Josephine Reick Owings, Mc	boro 1. 20836
d with the Example of File in 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
nould be executed word "pending" in the Chief Medical E. rial-transit permit. F any event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Larly	BETWEEN ONSET AND DEATH
exe endi f Me		DUE TO OR AS A CONSIQUENCE OF	
		Conditions, if any, which gave rise to immediate cause (a), but the underlying cause to the underlying cause to the underlying cause.	0/17/
ertificate should be e writing the word "per warded to the Chief I sed as a burial-transit loval, and in any ever		stating the underlying couse Dut 10 or as a constant of the last.	
ate g th ed to t a t		PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BE CHAPLET NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th rwarded th used as a th noval, and	NOL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
0 = 7 = 7	CERTIFICATION	WAS PERFORMED?	YES NO NO
Th ifica I be Id b		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	18.)
INER: T ee certific should b files. 3 should	MEDICAL	CAUSE OF DEATH P.M. 19	County State
ICAL EXAMINER: 9 execute the cert tor. Page 4 shoule ed for your files. CTOR: Page 3 shou burial, cremation,	<		County State
ical E executor. Page for CTOR: Page		22a. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection, Inquiry,	and in my opinion
bicase e irrector ained irrector to but to but		death resulted from: Natural couses 📈 Accident 🔼, Suicide 🗌, Hamicide 🔲, Undetermined manner 🗌	
a P ta a		ACTUAL CHIEF MEDICAL EXAMINER () 22b. DATE A	GNED /
ary, nera be ERA		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	0/29
		NAME (Type) H. W. Ward ADDRESS(Street, city, town, or county) Owings;	Galvert, Md.
0 = + ~ 0 H	230	DEMOVAL (Consider)	County) (State)
	B 24.	FUNERAL DIRECTORY ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE _ '
VR A15ME (5)	1	tutihusis tuneral Home Dwings, Md. DARPR 1 5 1969 gourne	o judge

AND THE PROPERTY OF THE PROPERTY OF THE CASE OF THE STREET Working spile her house and fister ander Hick thought before 14 Prollent & Jaine The Priving Steam of the Committee of th STREET AND STREET TO STREET TO STREET AND STREET AND STREET AS STR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05233 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth Yeor 2b. HOUR (Type or Print) any delay is 2, and 3 to PM3. Poge 1969 OF ESTI-Benjamin Harrison Taylor, Jr. of DEATH MATED 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS 3. SEX 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR Month 8/18/1917 1069 11:45A Male White 5 4RS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Poges 1, 4 should be forworded to the Chief Medical Exominer's Office olong with form country) Indiana Calvert County U.S.A. DIVORCED (WIDOWED [State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Galvert Co. Hospital during mast of working life, even if retired.) Prince Frederick INDUSTRY with death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Mid. Property Co. Suitland 4904 Stonecliff Rd. YES MO pages lond 2 hours ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle Not stated Benjamin H. Taylor. pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 4904 Stone Claper Road (Yes. na. ar unknawn) Wife Elsie J. Taylor Suitland, Maryland File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if any, which gave rise to immediate couse (a). any This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) D 05 removol, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES X NO T O 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A M cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) WHILE NOT WHILE OF WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection [7] Inquiry [and in my apinian director. death resulted fram: Natural causes or Accident . Suicide T. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL moy be re 22b. DATE SIGNED funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER April 13,1969 EXAMINER'S 5 moy ro FUNE Health Werner U. Spitz, NAME (Type) ADDRESS(Street, city, tawn, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (Stote) PREMOYAL (Specify) 4-16-69 Lincoln Memorial Suitland, Maryland 24. FUNERAL DIRECTORY 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Rhines Co. Funeral Mone 3015 12th Street, N. E., Wash., D. C. Muzzlan



FOR	STATE		05244 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05234	
HEALT	H-DEPT.	1. D	DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth		HOUR
.± 2/9		(Type or Print) Ruth On Skapings DEATH MATED 7	3 6911	13 M
		3. 5	EX. 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d.	HOUR
y delc and			/2/25/10 S YRS. MONTHS DAYS HOURS MIN Manth 4/ Day 3	Year 1969 /	FM
J. 2,	Depo		BIRTHPLACE (State or faceign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
es des	a te		WIDOWED DIVOKED CENTERS		Mo
after death 8. Give Pages	the Ste	0	Comp.	12b. KIND OF BUSINESS INDUSTRY	OR
s after	with death.	13a. a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR, TOWN YES NO 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 13d. NSIDE CITY LIMITS?		
haurs at Item 18.	pages 1 and 2 with the State Depart hours after death.	14. F	FATHER'S NAME First Middle Last 13 MOTHER'S MAIDEN NAME First Middle	Lost	
INER: This certificate should be executed within 2 hours after death e certificate, writing the word "pending" in pencify them 18. Give Pages 1,	e pages 2 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17. INFORMANT, 17. INFORMANT, 18. INFORMANT,	Owny	16
This certificate should be executed wicate, writing the word "pending" in s	urial-transit permit. File in any event within 72		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERV. BETWEEN ONSET AND DE	AL EATH
be execute "pending"	nt w		1959 IMMEDIATE CAUSE (a) LOCAL COLOR OF JULIAN DIE TO, OR AS A CONSEQUENCE OF		
be 'pe	burial-fransit in any ever		Canditians, if any, which gave rise to immediate cause (a), (b)	I ERSHOLD S	
auld	ial-tr any		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
sh he	bur d in		(c)		
ertificate shauld writing the word	d be used as a b	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF IN PART I(a)		
certi	used	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	
his ate,	pe of	RTIFI			
certificate,	files. 3 shauld be used attion, ar remova	DICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19	im 18.)	
₹ ÷ -	your age crem	W	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty S	State
VI E	ror. rage ed far yor CTOR: Pag burial, cre		22a. I certify that I took charge of the remains described obave, held on Autopsy, Inspection, Inquiry	, and in my op	inion
Se e	ECT of the property of the pro		death resulted from: Notural couses Accident , Suicide , Hamicide , Undetermined manner		
please	be retained RAL DIRECT priar ta bu		ACTUAL CHIEF MEDICAL EXAMINER 226, DATE:	elawa	
7	RAI Prij	10	M.D. DEPUTY APPROPRIEST AND A PROPERTY AND A PROPER	AGNED G	
O DEPUTY	S may be retained FUNERAL DIRECT Health priar to bu		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	7/	
101	TO THE	230	propositive transitive and the second	(Caunty) (State)	,
	do	24	FUNERAL DIRECTOR AUDRESS 1250. REC'D BY REGISTRAR 1250. REGISTRAR 250. REGISTRAR 3	SIGNATURE	‡_
	VR A15ME (5)	24.	0 1 2 2 10 10 2 1 11 1	Las Condal	
	10M REV. 1/68			A STATE OF THE PARTY OF THE PAR	

10 1		Heml3 FilmG412 MARYLAND STATE DEPARTMENT OF HEALTH 1/30/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	4,	05245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5235
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day	Year 2b. HOUR
S to B A		(Type or Print) JOSEPH PERCY TURNER OF ESTI- DEATH MATED 4 19	189 305 N
ny delay is 2, and 3 to PM3. Poge	3. 9	SEX J. ACE S. DATE OF BIRTH 6. AGE (In years lef under 1 YEAR IF UNDER 24 HRS Lost birthday) MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Month J. Day 9 Year	2d. HOUR
27 1/		3. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗍 9. COUNTY OF DEATH	1
State D		USA WIDOWED DIVORCED Calvert CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND	Mo
affeedooth S Give Pages 1, slong with farm with the State Deeath.	P	Prince Frederick give street address) Calvert County Hospital during most of working life, even if retired.) INDUSTRY Farmer Farmer	O OF BUSINESS OR
06 0 × 0/4		du USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE NO Wings 13d. NO 13d. STREET AND NUMBER 13d. STREET AND	
24 hours of in Item 18 r's Office o es 10nd 2 w rrs ofter de	14.	. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
A C S S			quess
within 24 n pencil in Examiner's File pages 17 hours		o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 220-34-9149 Mrs. Nellie Turner Owings, Mary1	20836 and
shauld be executed within 2 e word "pending" in pendi is o the Chief Medical Examiner buriol-transit permit. File page: in ony event within 72 hour		1B. CAUSE OF DEATH (Enter anly ane couse per Inn. far (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
ruld be excord "pend" pend "pend" ne Chief Me		Conditions, if any, which gave is to immediate cause (a), (b)	
ertificate shauld be everiting the word "perwarded to the Chief sed as a buriol-transitional, and in any ever		stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF	
ficote sing the ded to os o b		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	Land
	CERTIFICATION	190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20.	AUTOPSY?
This cirate, be fo be fo or rem	ERTIFIC	21a. EXTERNAL CAUSE WAS 21b. TUME OF INJURY Manty, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	YES NO
# 7 -	MEDICAL C	PRIMARY OR CONTRIBUTING P.M. 4 15 1965	
KAM te the tyour your age crem	W	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF NITURY (At hymne, form, street, at work at work at work 21f. LOCATION Street or R.F.D. No. City or Town County	State
Xecu Xecu Poc for for rriol,	12		d in my apinian
pleose e I director retained DIRECT or to bu		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
pleose of directo		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	11
necessory, pleose executhe function pleose executive function. Pog 5 moy be retained for professory for Funeral Directors. Health prior to buriol.	1	EXAMINER'S NAME (Type) H. W. Ward Owings, Maryland DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, or county)	169
the S m Kee		30. BURIAL, CREMATION, REMOVAL (Specify) April 22 1969 Mt Hopmony Chr. Com. Owings Colvent	(State)
		4 AUDIERS 250. RECE BY REGISTRAR'S SIGNATUR	yunges
VR A15ME (5) 10M REV. 1/68	V	Tulchens tuneral Home Owings, Md. DATE ATT 2 2 1500 g	1 0-

		THOUSEN AND INCOMES WILLIAM TO BE SO THAT IS
		OFFICE MEDICAL PLANISHES CE
		XXXIII AMELINA
		Tr less, as giou 30 h 37
	Transfer of the factor of	
	general Inches	was an investigate party
		The state of the state of
The belleville		remit - From

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05236 HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Yeor (Type or Print) ESTI-3 to Page DEATH MATED IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD pup 2 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY_OF DEATH Office along with form WIDOWED DIVORCED Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 12o. USUAL OCCUPATION (Kind of work done during most of working life, even it retired.) give street oddress 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY Item 18. This certificate shauld be executed within 24 hours affer 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Middle Lost .⊑ shauld be forwarded to the Chief Medical Examiner's pages hours 17. INFORMANT pencil **ADDRESS** (Yes, no, og unknown) (If yes give war or dates of service) File 72 within 18. CAUSE OF DEATH (Enter only one couse per live for (o), (b), and (c).) BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a). writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= and RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remaval, CERTIFICATION used 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [or 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK burial, Par 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may b ro FUNER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 250. REC'D BY REGISTRAR 25b. VR A15ME (5)